

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GrahamDistrict of Hatcher

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192

County Registrar No. _____

Local Registrar No. 65

No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Glen Allen Howard

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.4. Twin, triplet or other X

6. Legitimate?

7. Date

of birth

Month

Day

Year

male5. No., in order of birth XYesMay 8, 1926

8. FATHER

Full name

Seaborn Davis Howard

14. MOTHER

Full maiden name

Mina Ragan

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Hatcher

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Hatcher

10. Color or race

white

11. Age at last birthday

43 (Years)

16. Color or race

white

17. Age at last birthday

34 (Years)

12. Birthplace (city or place)

(State or country)

Gadsden
Alabama

18. Birthplace (city or place)

(State or country)

Rockwood
Tennessee

13. Occupation

Nature of industry

Farming

19. Occupation

Nature of industry

housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 3(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 30 on the date above stated
(Born alive or stillborn)*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Address

W. D. Schewer
Safford
(Physician or midwife)Given name added from
a supplemental report.

Month, day, year

Filed June 8, 1926

Filed _____, 19____

Registrar

H.B.

Local Registrar.

County Registrar.

Birth, a SEPARATE RETURN must be made
order of birth &